

# **P-IRO Inc.**

**An Independent Review Organization**  
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## **NOTICE OF INDEPENDENT REVIEW DECISION**

### **DATE NOTICE SENT TO ALL PARTIES:**

Apr/28/2014

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar laminectomy L3/4, autograft, exploration of fusion L4-S1, lumbar posterior fusion L3/4, posterior spinal instrumented fusion L3/4

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Orthopedic Surgery

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his low back. The MRI of the lumbar spine dated 09/19/13 revealed a pedicle screw in the right and left pedicles at L4. A 3mm central and left sided disc space height was revealed. Compression of the left anterior and lateral thecal sac was also revealed. Pedicle screws were identified in the right and left pedicles in both L4 and L5. Some narrowing was identified in the L4-5 disc space. No disc herniation or spinal stenosis was identified. Pedicle screws were also identified in the right and left pedicles at L5 and S1 with a 3mm posterior listhesis of L5 on S1. A 4mm ventral defect producing compression of the anterior thecal sac representing the posterior margin of the L5 vertebral body was revealed. No disc herniation or spinal stenosis was identified. The clinical note dated 10/07/13 indicates the patient complaining of numbness, tingling, and weakness in the right lower extremity. Radiating pain was also identified in the right lower extremity. The pain was primarily localized at the right groin and thigh regions. The patient stated the initial injury occurred on xx/xx/xx when he was involved in a motor vehicle accident. The patient has undergone a fusion in 2007 and had been doing well until recently. No strength deficits were identified. Hyporeflexia was identified in both ankles. The operative report dated 11/08/13 indicates the patient undergoing an epidural steroid injection at L2-3 and L3-4. The clinical note dated 11/12/13 indicates the patient continuing with complaints of occasional numbness in both lower extremities. The patient reported no significant benefit from the previous injection. The clinical note dated 12/03/13 indicates the

patient continuing with complaints of weakness in the right thigh. The patient has undergone physical therapy in the past with no significant benefit. The patient denied any bowel or bladder issues. No significant changes were identified with the patient's neurologic exam. The clinical note dated 03/03/14 revealed minimal weakness with hip flexion. The patient had a positive straight leg raise which elicited back pain. The clinical note dated 03/06/14 indicates the patient utilizing Mobic for pain relief. The patient stated the pain is increased when putting weight on the right leg.

The utilization review dated 03/14/14 resulted in a denial as no significant pathology was identified at the L3-4 level.

The utilization review dated 04/02/14 revealed no psychological clearance. No findings of significant neurologic deficits were identified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation indicates the patient having complaints of low back pain despite a previous surgical intervention. A laminectomy and fusion would be indicated in the lumbar region provided the patient meets specific criteria to include significant pathology confirmed by imaging studies and the patient has completed a psychosocial evaluation addressing any confounding issues as well as potential outcomes of the pending surgery and the patient has significant neurologic deficits in the appropriate distributions. The submitted MRI revealed no significant neurocompressive findings at the L3-4 level. No disc herniation or spinal stenosis was identified at the L4-5 or L5-S1 levels. No strength or sensation deficits were identified by clinical exam. Given these findings, the requested procedure is not fully indicated. As such, it is the opinion of this reviewer that the request for a lumbar laminectomy at L3-4 with an autograft, exploration of the fusion at L4 through S1, a lumbar posterior fusion at L3-4, posterior spinal instrumented fusion at L3-4 is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**